

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10299836

FILING DATE

11/6/06

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1			
2					
3		1			
4		1			
5		1			
6		1			
7		1			
8		1			
9		1			
10					
11					
12		1			
13		1			
14		1			
15		1			
16		1			
17		1			
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29		1			
30					
31					
32					
33					
34					
35					
36					
37		1			
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
61			62			63		
64			65			66		
67			68			69		
70			71			72		
73			74			75		
76			77			78		
79			80			81		
82			83			84		
85			86			87		
88			89			90		
91			92			93		
94			95			96		
97			98			99		
100								
TOTAL IND.								
TOTAL DEP.	19							
TOTAL CLAIMS	20							